

Sydney Region Student Services

Request for Regional Learning and Support Team

School:	Phone:
Principal:	LST Coordinator:

Activity:

Whole school program		Class/small group program	
Professional Learning		Other	

Area for support:

School actions and strategies previously implemented:

Department of Education & Communities/other resources previously accessed to support this concern:

Parent(s)/carer(s) of student(s) have been consulted in regard to this referral.

LST Coordinator Signature: _____ **Date:** _____

Principal Signature: _____ **Date:** _____

Please email to SED for your schools SEG

Comment:	
SED Signature:	Date: